

UNITED STATES PATENT & TRADEMARK OFFICE
Washington, D.C. 20231

REQUEST FOR PATENT FEE REFUND

1 Date of Request: <u>9/14/99</u>		2 Serial/Patent # <u>06/724,752</u>								
3 Please refund the following fee(s):		4 PAPER NUMBER	5 DATE FILED							
<input type="checkbox"/>	Filing		\$							
<input type="checkbox"/>	Amendment		\$							
<input checked="" type="checkbox"/>	Extension of Time	11	<u>2/22/99</u> \$ 435							
<input type="checkbox"/>	Notice of Appeal/Appeal		\$							
<input type="checkbox"/>	Petition		\$							
<input type="checkbox"/>	Issue		\$							
<input type="checkbox"/>	Cert of Correction/Terminal Disc.		\$							
<input type="checkbox"/>	Maintenance		\$							
<input type="checkbox"/>	Assignment		\$							
<input type="checkbox"/>	Other		\$							
		7 TOTAL AMOUNT OF REFUND \$ 435								
		8 TO BE REFUNDED BY:								
10 REASON:		<input type="checkbox"/> Treasury Check								
<input type="checkbox"/>	Overpayment	<input checked="" type="checkbox"/> Credit Deposit A/C #:								
<input type="checkbox"/>	Duplicate Payment	9 <table border="1" style="display: inline-table; text-align: center;"> <tr> <td>0</td><td>6</td><td>--</td><td>1</td><td>0</td><td>7</td><td>5</td> </tr> </table>		0	6	--	1	0	7	5
0	6	--	1	0	7	5				
<input checked="" type="checkbox"/>	No Fee Due (Explanation):									
<u>FEES NOT NECESSARY</u>										
11 REFUND REQUESTED BY: <u>B. FLANAGAN</u>										
TYPED/PRINTED NAME: <u>B. FLANAGAN</u>		TITLE: <u>SUP. PET-EXR.</u>								
SIGNATURE: <u>[Signature]</u>		PHONE: <u>305-7202</u>								
OFFICE: <u>4700</u>										
***** THIS SPACE RESERVED FOR FINANCE USE ONLY: *****										
APPROVED: <u>[Signature]</u>		DATE: <u>9-18-99</u>								

Instructions for completion of this form appear on the back. After completion, attach white and yellow copies to the official file and mail or hand-carry to:

Office of Finance
Refund Branch
Crystal Park One, Room 802B